

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public use aircraft accidents and incidents									
BASIC INFORMATION									
Accident/Incident Location Nearest City/Place: <u>FREDERICKSBURG</u> State: <u>TX</u> ZIP: <u>78624</u> Country: <u>USA</u> Latitude: <u>30.15.35N</u> (dd:mm:ss N/S) Longitude: <u>098.54.33W</u> (ddd:mm:ss E/W)					Date/Time Date: <u>06/09/2009</u> Local Time: <u>1735</u> <i>mm/dd/yyyy</i> Time Zone: <u>CST</u>				
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input checked="" type="checkbox"/> Approach <input type="checkbox"/> Unknown					Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None		Altitude of In-Flight Occurrence <u>2,700</u> ft MSL		
AIRCRAFT INFORMATION									
Manufacturer: <u>CESSNA</u> Model: <u>210K</u> Serial Number: <u>2105920</u> Registration Number: <u>N8280M</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: <u>3,800</u> lbs Weight at Time of Accident/Incident: <u>2,800</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>37.1</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Aerobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: <u>6</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown			
Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: <u>02/10/2009</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>8,860</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident				
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>PORTABLE BOTTLE</u>				
ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			ELT Manufacturer: <u>AMERIKING</u> Model/Series: <u>AK450ELT</u> Serial Number: <u>481546</u> Battery Type: <u>REPLACEABLE</u> Battery Exp. Date: <u>04/18/2012</u>						
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input type="checkbox"/> No									
Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>MCCAULEY</u> Model: <u>G-80VA</u>					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time <i>(hours)</i>	Time Since Inspection <i>(hours)</i>	Time Since Overhaul <i>(hours)</i>	
Eng. 1	CONTINENTAL	IO-520	295149-R	10/02/2001				1,297	
Eng. 2									
Eng. 3									
Eng. 4									

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>MIHAI TURC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>GRESHAM</u> State: <u>OR</u> ZIP: <u>97080</u> Country: <u>USA</u>	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input checked="" type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft			
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number _____	Manufacturer: _____ Model: _____		Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> ENGINE FAILURE, CAUSE UNKNOWN, PROBABLE FUEL SYSTEM MALFUNCTION, OR GEAR FAILURE SUDDEN FAILURE, NO WARNING SIGNS, WINDMILLING PROPELLER, ALL ENGINE INSTRUMENT MONITORS SHOWED NORMAL AT TIME OF FAILURE AIRCRAFT WAS LEVEL AT 2700 ON DOWNWIND LEG AND PRIOR TO BASE LEG TURN POINT AT 17" MP MIXTURE RICH, AND PROP FULL FORWARD. GEAR DOWN AND FLAPS 10			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed		Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	
Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground			

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

PHOTOS OF AIRCRAFT SUBMITTED SHOW AIRCRAFT DAMAGE. PRIMARY FUSELAGE CAB REMAINED INTACT AND PROTECTED OCCUPANTS. THE ENGINE SEPARATED AFTER INITIAL CONTACT AND CAME TO REST AFTER CONTACT WITH FENCE. AIRCRAFT WING STRUCK AIRPORT PERIMETER FENCE AND BENT THREE OF THE FENCE POLES.

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: T82Distance From Airport Center: 1 SMAirport Name: GILLESPIE COUNTYDirection From Airport: 300 degrees MAGProximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 1,695 ft. MSL**Approach Segment** (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☒ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

☐ None ☐ Stop and Go
☒ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☒ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway InformationRunway ID: 14 (L/R/C) Length: 5,001 ft Width: 75 ft**Runway/Landing Surface** (Check all that apply)

☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface (Check all that apply)

☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION**Last Departure Point**Airport ID: 1T7City: SPRING BRANCHState: TXCountry: USA**Time of Departure**Time: 1700Time Zone: CST**Destination**Airport ID: T82City: FREDERICKSBURGState: TXCountry: USA**Type Flight Plan Filed**

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service (Check all that apply)

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☒ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

45 Gallons**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

ADDED ONE QUART OF OIL, LEVEL AT 8 QUARTS

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

LEFT SEAT OCCUPANT EXITED FRONT WINDSHIELD OPENING

RIGHT SEAT OCCUPANT EXITED RIGHT DOOR

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: AWOS-3Observation Time: 1920Time Zone: CSTDistance from Accident Site: 0 NMDirection from Accident Site: 0 degrees MAG**Source of Weather Information**

(Check all that apply)

- ☒ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☐ Automated Report
☐ Commercial Weather Service (DUATS)
- ☐ Company
☐ Military
☒ Internet
☐ Unknown

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☒ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

- ☒ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
- ☐ Abbreviated
☐ Unknown
☐ Not Pertinent

Light Condition

- ☐ Dawn
☒ Day
☐ Dusk
☐ Night
- ☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility10 miles**Sky/Lowest Cloud Condition**

- ☐ Clear
☐ Few
☐ Partial Obscuration
☒ Scattered
- ☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

- ☐ None (clear)
☐ Broken
☒ Overcast
- ☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility (Check all that apply)

- ☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
- ☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height13,000 ft AGL**Ceiling Height**25,000 ft AGL**Wind Direction**

- ☒ Indicated:
160 degrees MAG

- ☒ Variable

Wind SpeedVelocity: 13 KTS

-or-

- ☐ Calm
☐ Light and Variable

Wind GustsVelocity: 16 KTS

- ☒ Gusting
☐ Not Gusting

Type of Turbulence (Check all that apply)

- ☒ None
☐ Clear Air
- ☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
- ☐ Moderate
☐ Moderate Chop
- ☐ Light

NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident

3 LOCAL OBSTRUCTIONS UNLIGHTED

NO OTHER NOTAMS

Temperature: 32 (C)
or _____ (F)Altimeter Setting: 29.85 in. HG
or _____ MBDensity Altitude: 3,700 ftDew Point: 18 (C)
or _____ (F)**Icing Forecast****Amount**

- ☒ None
☐ Trace
☐ Light
- ☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Icing Actual**Amount**

- ☒ None
☐ Trace
☐ Light
- ☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
- ☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy

PILOT "A" INFORMATION																																																																																																			
Pilot "A" Responsibilities at the Time of Accident/Incident <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																			
Pilot "A" Identification First Name: <u>RONALD</u> Middle Initial: <u>E</u> Last Name: <u>HEBERT</u>					City: <u>SAN ANTONIO</u> State: <u>TX</u> ZIP: <u>78247</u> Country: <u>USA</u>																																																																																														
Age at time of Accident/Incident: <u>43</u>					Date of Birth: <u> </u> 1965		Certificate Number: <u> </u>																																																																																												
Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single		Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																													
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																			
Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		Date of Last Medical <u>04/15/2008</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations NONE																																																																																																			
Medical Certificate Waivers NONE																																																																																																			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/24/2008</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>MCDONNELL DOUGLAS</u> Model: <u>DC-8-73</u>																																																																																															
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport																																																																																													
Type Ratings B-737; BE-400; DC-8; MU-300						Student Endorsements (Include dates)																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>10,501</td> <td>20</td> <td>4,631</td> <td>5,870</td> <td>950</td> <td>1,200</td> <td>200</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>5,818</td> <td>20</td> <td>4,500</td> <td>1,318</td> <td></td> <td>500</td> <td>140</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>1,100</td> <td>20</td> <td>1,100</td> <td></td> <td></td> <td></td> <td>43</td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>100</td> <td>20</td> <td>100</td> <td>40</td> <td>40</td> <td>5</td> <td>43</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>50</td> <td>2</td> <td>50</td> <td></td> <td></td> <td>5</td> <td>43</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>2</td> <td>2</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	10,501	20	4,631	5,870	950	1,200	200				Pilot in Command (PIC)	5,818	20	4,500	1,318		500	140				Time as Instructor	1,100	20	1,100				43				This Make/Model											Last 90 Days	100	20	100	40	40	5	43				Last 30 Days	50	2	50			5	43				Last 24 Hours	2	2	2							
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider							Lighter Than Air																																																																																			
						Actual	Simulated																																																																																												
Total Time	10,501	20	4,631	5,870	950	1,200	200																																																																																												
Pilot in Command (PIC)	5,818	20	4,500	1,318		500	140																																																																																												
Time as Instructor	1,100	20	1,100				43																																																																																												
This Make/Model																																																																																																			
Last 90 Days	100	20	100	40	40	5	43																																																																																												
Last 30 Days	50	2	50			5	43																																																																																												
Last 24 Hours	2	2	2																																																																																																

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident/Incident <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input checked="" type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "B" Identification <div style="display: flex; justify-content: space-between;"> <div> First Name: <u>MIHAI</u> Middle Initial: _____ Last Name: <u>TURC</u> </div> <div> City: <u>GRESHAM</u> State: <u>OR</u> ZIP: <u>97080</u> Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident/Incident: <u>43</u></div> <div>Date of Birth: <u>mm/dd/yyyy</u> <u>1966</u></div> <div>Certificate Number: _____</div> </div>																																																																																																				
Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
Principal Occupation <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			Date of Last Medical _____ <i>mm/dd/yyyy</i>																																																																																												
Medical Certificate Limitations																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																												
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Time</td> <td style="padding: 5px;">127</td> <td style="padding: 5px;">27</td> <td style="padding: 5px;">97</td> <td></td> <td></td> <td></td> <td></td> <td style="padding: 5px;">30</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td></td> <td style="padding: 5px;">20</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td> <td style="padding: 5px;">2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</td> <td></td> <td style="padding: 5px;">2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	127	27	97					30			Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days		20									Last 30 Days		2									Last 24 Hours		2								
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																										
						Actual	Simulated																																																																																													
Total Time	127	27	97					30																																																																																												
Pilot in Command (PIC)																																																																																																				
Time as Instructor																																																																																																				
This Make/Model																																																																																																				
Last 90 Days		20																																																																																																		
Last 30 Days		2																																																																																																		
Last 24 Hours		2																																																																																																		

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																	
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious											
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown											
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs														
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious											
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown											
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs														
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious											
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown											
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs														
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non- Revenue	Revenue	Non- Occupant	FAA	Fatal	Serious	Minor	Injury	No Injury	Unknown
Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

Training flight: originated 1T7 Kestrel Airpark Spring Branch, Texas

Route of flight: Direct T82

Fueled aircraft and added one quart of oil prior to departure from Kestrel

Time of flight: On third pattern procedure

Engine Failed after passing abeam threshold point on right downwind runway 14 and before base leg key point.
pattern altitude 2700'
flaps were 10, gear was down

Put fuel pumps on
switched tank
confirmed mixture rich, prop full forward, throttle max
selected alternate magneto, then both, confirmed master on

Turned directly toward the runway threshold, established glide of 85

Engine did not restart,

it was evident glide would not make the field, focused on glide speed and aimpoint, terrain appeared to be rushing up on us. An attempt to slow speed led to signs of imminent stall, adjusted speed accordingly

Had to avoid power lines across road, and tree in glide path which required turn to left. Made slight banking correction

Made best attempt at arresting descent rate before impacting rising terrain feature.

Aircraft impacted the upslope side of golf tee box bounced up then struck the ground again and slid to the airport perimeter fence. The engine was lodged into the chain link of the fence and the momentum of the aircraft spun the fuselage around 180 degrees.

The separated engine came to rest at the fence and the aircraft continued in reverse then rolled onto the left wing and came to rest.

We confirmed shut down and egressed the aircraft.

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

THE CAUSE OF THE ENGINE FAILURE IS UNKNOWN AT THIS TIME. THERE WAS NO INDICATION OF A PROBLEM DURING PREFLIGHT. DURING OPERATION ALL SYSTEM MONITORS WERE NORMAL, AND ENGINE SOUNDED SMOOTH RIGHT UP TO FAILURE. MY BEST GUESS WOULD BE A FUEL SYSTEM FAILURE OR GEAR FAILURE. RESTART OF ENGINE WAS UNSUCCESSFUL. UPON RECOGNITION OF FAILURE THERE WAS A SECOND OF DISBELIEF FOLLOWED BY AN IMMEDIATE REACTION TO FOLLOW MEMORY ITEMS IN AN ATTEMPT TO RESTART THE ENGINE. MY TURN TO THE FIELD MAY HAVE TAKEN 3 SECONDS BUT FELT SIMULTANEOUS TO MY ACTIONS. THE GLIDE OF 85 SEEMED TO BE MORE OF A FALL AT 85. THE TERRAIN WAS RUSHING UP MUCH MORE THAN RUSHING BY. WE SEEMED SO CLOSE TO THE CORNER OF THE RUNWAY IT APPEARED THAT WE WERE GOING TO MAKE THE FIELD THE WHOLE TIME. THE DECISIONS I HAD TO MAKE IN SECONDS COULD NOT BE SECOND GUESSED. I CHOSE TO LEAVE THE AIRCRAFT CONFIGURED EXACTLY AS WE HAD IT BECAUSE WE WERE SINKING LIKE A ROCK. ANY ADJUSTMENT I MADE TO SLOW WAS MET BY IMMINENT STALL SIGNS. A GLIDE OF 85 SEEMED TO WORK BEST. THE TREE WAS A FRIGHTFUL OBSTACLE AND I TRIED TO THINK MYSELF THROUGH THE TURN SO AS TO NOT LOSE LIFT. ON THE GOLF COURSE A BLUE FLAG ON A GREEN APPEARED TO BE A PERSON IN MY PERIPHERAL VISION, I MADE MY CHOICE TO GO LEFT AROUND THE TREE BECAUSE OF THIS. THE SLOPE WE IMPACTED WAS NOT EVIDENT UNTIL THE LAST SECOND. FROM ABOVE IT APPEARED TO BE LEVEL GROUND. I FLARED AS MUCH AS I COULD BEFORE IMPACT.

I HAVE ALWAYS BEEN VIGILANT IN PREFLIGHTS. BUT INTERNAL MECHANICAL FAILURE CANNOT ALWAYS BE DETECTED. I HAD CONFIDENCE IN THIS AIRPLANE. I THOUGHT WE WERE ON A VERY CLOSE DOWNWIND, AND I EXPECTED A BETTER GLIDE PERFORMANCE. BUT THE TRUTH IS, WHEN AN ENGINE FAILS, IT IS A TRUE SHOCK.

THIS CLOSE TO THE GROUND THERE IS NO TIME TO DO ANYTHING EXCEPT MEMORY ITEMS AND FLY THE AIRPLANE. SO MY SUGGESTION IS TO REHEARSE, REHEARSE, REHEARSE. A WIND OF 13 TO 16 KNOTS, A WINDMILLING PROPELLER, A 3700' DENSITY ALTITUDE, AND UNFORSEEN OBSTRUCTIONS AND TERRAIN ARE ALL EXTREME VARIABLES.

IN A CESSNA 210 I WILL NOW SUGGEST TO FLY A HIGHER DOWNWIND THAN 1000 FEET AND AS CLOSE AS POSSIBLE ALLOWING A STANDARD TURN TO FINAL. IN THE HEAT OF THE SUMMER. A FAILURE PAST THE NUMBERS ON THE WAY TO BASE IS A CHALLENGE IN THE BEST OF CONDITIONS. AND A SUCCESSFUL GLIDE TO THE RUNWAY IS NOT ASSURED. SO ADJUST YOUR ALTITUDE AND DISTANCE CONSERVATIVELY FOR THE WORST CASE SCENARIO. AND TO INSTRUCTORS, THERE IS A HUGE DIFFERENCE IN GLIDE WHEN THE 210 ENGINE IS ACTUALLY FAILED, AND NOT IDLING AT LOW POWER.

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report**

06/15/2009

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: RON HEBERT

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.**

CEN09CA347

Reviewed by NTSB Regional Office

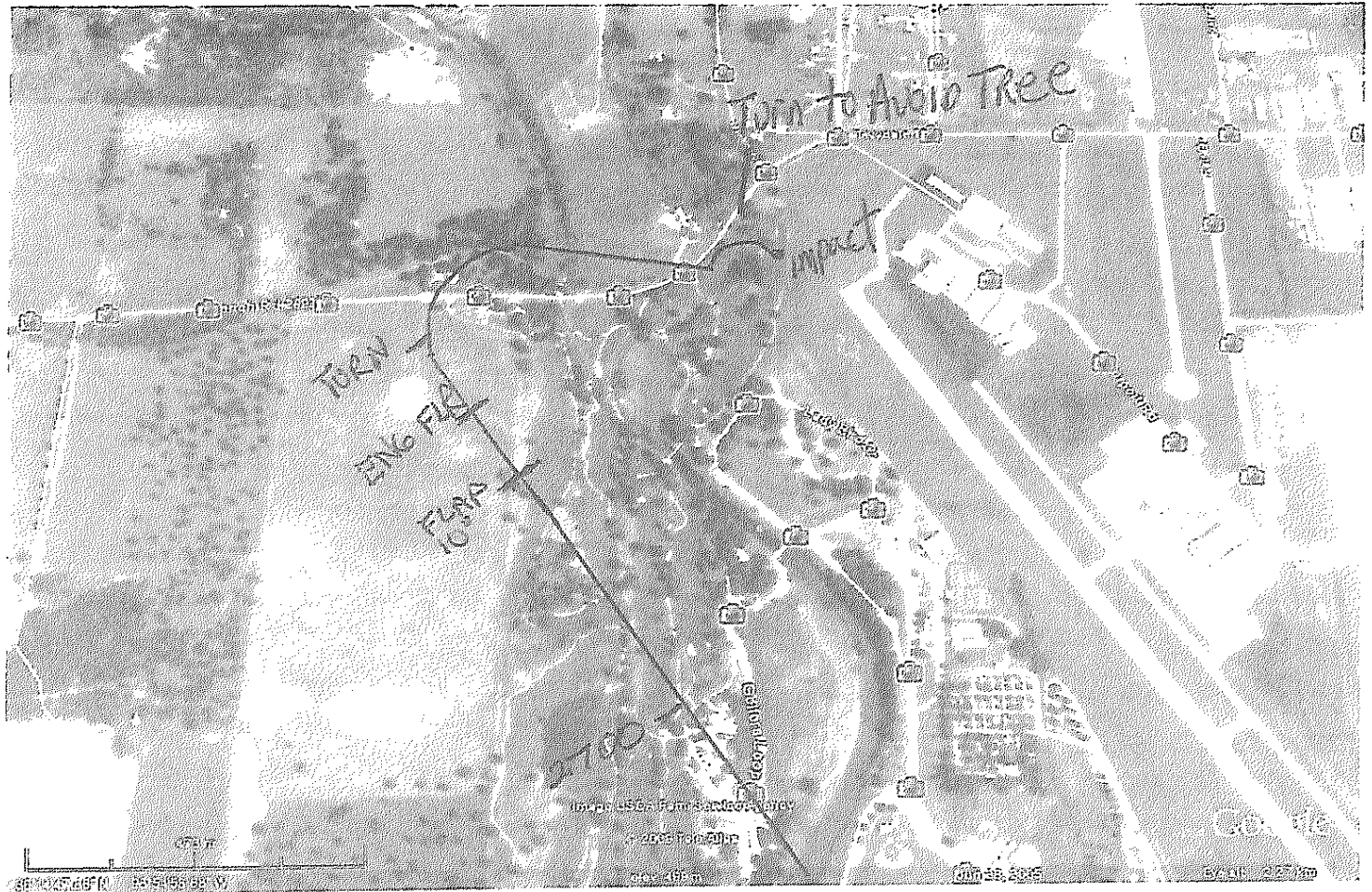
Central Region

Name of Investigator

Thomas J. Latson, Jr.

Date Report Received

June 25, 2009

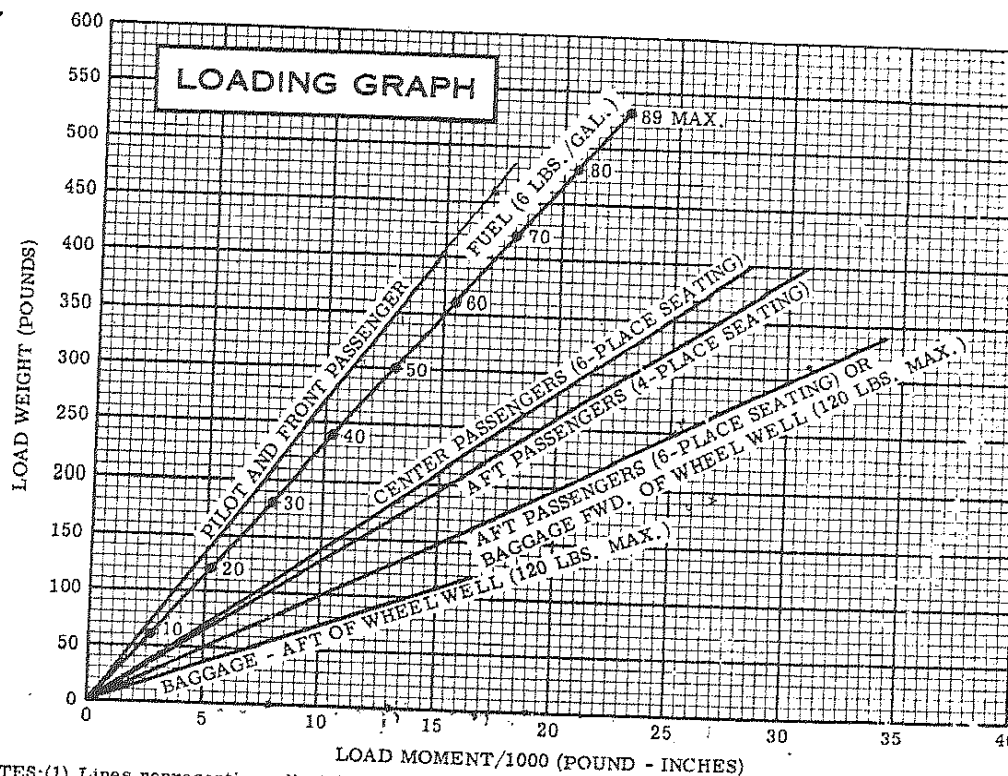
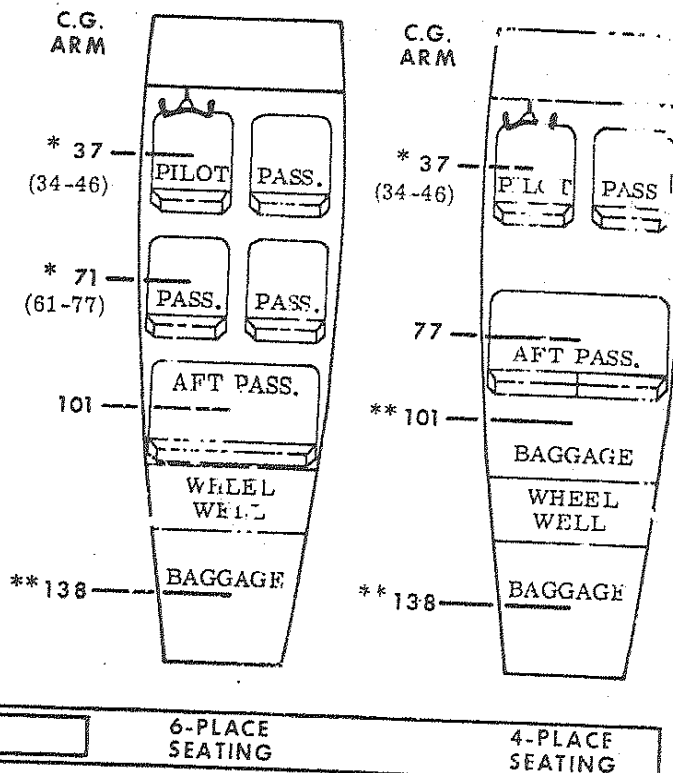


- Aircraft configured gear down for pattern work
 - 2700' Before landing check complete
 - Abeam numbers FLAPS 10°
- Prior to key point Engine Failure
 - placed fuel pump on, switched tank, confirmed mixture, prop & throttle full forward
 - checked mags, then master
- Turned directly to threshold established best glide @ 85
- made turn to left to avoid tree
- Attempted to arrest descent rate as much as possible prior to impacting rising terrain of golf course tee box.

LOADING ARRANGEMENTS

* Pilot or passenger center of gravity on adjustable seats positioned for average occupant. Numbers in parenthesis indicate forward and aft limits of occupant center of gravity range.

**Baggage area center of gravity.



NOTES: (1) Lines representing adjustable seats show the pilot or passenger center of gravity on adjustable seats positioned for an average occupant. Refer to the Loading Arrangements diagram for forward and aft limits of occupant c.g. range.
 (2) Engine Oil: 10 Qts. = 19 Lbs. at -0.2 Moment/1000. (210)

N8280M

moments

Empty WT	2141.80
OIL	19
FUEL	270
PILOTS	405
BACK SEAT	5
AFT BAGGAGE	20

80,807.94

- 2

13

16

1

3

TAKEOFF

2860

- 60

113.6

- 9.8

103.8

LANDING

113,600

2800 = 39.7 C.G.

